

DISCLOSURE & AGREEMENT FOR INTERN PROVIDED PSYCHOTHERAPY SERVICES

I, _____, (Client's name), hereby authorize, recognize and allow James Rogers a Marriage and Family Therapist Intern [under direct supervision and employment of Christopher Taylor MA, LMFT license # CAMFT 79581], to carry out psychotherapy services and treatment now and during the course of my care as a client. The information obtained here is strictly confidential and will be used to better direct and serve you during our counseling time.

I understand that I am seeing a Marriage and Family Therapist Intern who is registered under the State of California with requirements as specified in Business and Professional (B&P) Code Section 4980.40.

I understand that by state law the MFT Intern will receive supervision by Christopher Taylor, MA, LMFT (CA MFT license number 79581)

For educational and training purposes, my sessions with the MFT Intern may be audio and/or videotaped. I understand that I may withdraw my permission for further taping at any time. These tapes will be shared during confidential supervision sessions between the MFT Intern and Christopher Taylor. I understand that reasonable efforts will be made to protect my identity and that if any information is shared, it will be done within the standards of the BBS ethical code. Identifying information will be omitted to the extent which is reasonably possible. These sessions are taped to allow the intern to receive direct feedback from their supervisor. This assists the intern in developing their clinical skills and expertise.

I have read and fully understand this Disclosure and Agreement Form.

PATIENT NAME (PRINT) _____

SIGNATURE _____ DATE _____

MFT INTERN NAME (PRINT) _____

SIGNATURE _____ DATE _____